WRITTEN REQUEST FOR REVIEW OF PAST-DUE SUPPORT AMOUNT

IF YOU DO NOT AGREE WITH THE PAST-DUE AMOUNT LISTED IN THE "ANNUAL NOTICE OF PAST-DUE CHILD SUPPORT" AND YOU WISH TO REQUEST A REVIEW, PLEASE FILL OUT THIS FORM AND RETURN IT TO THE ORS ADDRESS LISTED ON THE FOLLOWING PAGE. ENCLOSE WITH THIS REQUEST ANY EVIDENCE AND/OR DOCUMENTATION YOU HAVE TO SUPPORT YOUR CLAIM. AFTER THE REVIEW HAS BEEN CONDUCTED, ORS WILL NOTIFY YOU IN WRITING OF THE OUTCOME OF THE REVIEW.

PLEASE BE AWARE THAT SUBMITTING THIS FORM <u>IS NOT</u> A REQUEST FOR REVIEW AND ADJUSTMENT OF YOUR CHILD SUPPORT ORDER.

(Please Print) NAME:				
TV/ (IVIL.	Last	First	MI	*Social Security Number
ADDRESS:	Street			Home Phone
	City	State	ZIP Code	Work Phone
		which you are requesting to have reviewed):	review (copy this form	n and submit a separate
The REASON for	requesting a rev	riew (check appropriate bo	ox):	
review fo intercept. Federal t time ORS	r purposes of d If you request ax offset, ORS	etermining past-due supp that another state cond will contact the state th	port for federal adminis duct a review for Fede at issued your support	ate conduct an administrative trative offset and federal tax ral administrative offset and corder within 10 days of the ne and place for the review,
□ 1. Admin should unders unders below) □ 1a.	sistrative Review be appropriate of the appropriate	agree with the decision, I n	nentation and/or evidence support record on the a cted I will be notified of the properties of the date aim.**	e, and determine if there bove specified case. I he results of the review. I also ve proceeding (option 2, time and place of the review.
Utah Adm the above 2a.	inistrative Proce specified case. (I plan to attend date, time and	dures Act and issue a Dec (Utah Code Annotated (U.C	ision and Order which do C.A.) 63G-4-201(3)). ducted by the Presiding C nclosed is the evidence to	

^{**}Please note that it may not be possible to conduct a review in person if you are incarcerated, but we may be able to accommodate a telephone review, if feasible.

•	tion #2 above. I am mailing a copy of this Written Request for terest in this request pursuant to U. C. A. 63G-4-201(3)(b):
Name	
I WILL BE REPRESENTED/ASSISTED BY:	
	i none.
This person: ☐ is an attorney ☐ is not an a	
Signature (required):	Date Mailed:
support enforcement program to request soc	curity Act [42 U.S.C. 666(a)(13)] it is mandatory for a State's child ial security account numbers in order to locate individuals for ng, modifying, and enforcing support obligations.
Send all documentation and correspondence to	the following address:
Office of Recovery Services	
PO BOX 45033	

SALT LAKE CITY, UTAH 84145-0033